

Write to Court Goldsbrock to Officer Pick to Defendant

Frazzysburg Mayors Court

7 2nd St
(street and number)

Frazzysburg Muskingum County, Ohio
(city) (name of county)

State of Ohio

Village of Frazzysburg

v.

Craig M. Kirk
(name of defendant)

(address)

(age)

SUMMONS IN LIEU OF ARREST
WITHOUT WARRANT, AND
COMPLAINT UPON SUCH
SUMMONS

Rule 4(A)(3) Form XII

04759

SUMMONS NO.

07-0319-07

CASE NO.

TO DEFENDANT:

SUMMONS

In lieu of immediate arrest upon a misdemeanor you are summoned and ordered to appear at ** the above captioned Court at 8:30 AM o'clock 6 Sept,
(day, date)

2007 ** the Juvenile Court of M/A
County at the time and place ordered by that Court. If you fail to appear at this time and place you may be arrested.

This summons served personally on the defendant on
Tue Sept 4, 2007.

COMPLAINT

On 6 Sept, 2007, at 8:30 AM
County Court 27 N. 5th St Zanesville, Ohio
(place)

you has been ordered to appear for
(describe the offense charged and state the numerical
Assignment
designation of the applicable statute or ordinance)

Chief C. R. P.
Signature of Issuing-Charging Law Enforcement Officer
Being duly sworn the issuing-charging law enforcement officer states that he has read the above complaint and that it is true.

Chief C. R. P.
Issuing-Charging Law Enforcement Officer

Sworn to and subscribed before me by _____
on _____

Judge / Clerk / Deputy Clerk

Court

OR

Notary Public

My Commission Expires _____

County/State of Ohio/

NOTICE TO DEFENDANT: Officer not required to swear to summons
(complaint on your copy.)

** Delete the lines not applicable

Littonthel Southeastern, Inc., 1-800-837-1304, Re-Order 61565Y Form No. M166-13

PLAINTIFF'S
EXHIBIT

tabbies

15

John King

30pg

COPY
Rankin

Village of Fazeysburg
Muskingum County, Ohio
Mayor's Court
Magistrate Shawn Cawmer



Transfer to Muskingum County Court

This matter having come before the Village of Fazeysburg Mayor's Court this

4th day of September 2007; and upon motion of the defendant

Craig M. Kirk request that this case before transferred to

the Muskingum County Court for further proceedings.

For good cause shown, the above captioned matter is hereby transferred to the Muskingum County Court for all further proceedings.

Case No: #07-0319-09 Summons No: 04754

Defendant's Name: Craig M. Kirk

Address: 1239 Chestnut Street, Lot 6.

City, State, Zip: Columbus, Ohio 43812

Social Security No: 295-70-7845 DOB: 01-15-67

X [Signature]
Defendant's Signature

X [Signature] Magistrate - Shawn Cawmer Clerk of Courts - [Signature]

TO DEFENDANT

You are hereby ordered to appear at the Muskingum County Court 27 N. Fifth St. Zanesville, Ohio 43701 on the 6th day of September, 2007.

At 8:30 o'clock A.M.

If you fail to appear at this time and place ordered, you may be arrested.

Summons served to defendant on this 4th day of September 2007.

X [Signature]
Defendant's Signature

X [Signature] Issuing Law Enforcement Officer Clerk of Courts

CC: Defendant
Defense Counsel
Muskingum County Court Clerk
Defendant's File
Fazeysburg Police Department



OHIO BUREAU OF MOTOR VEHICLES
REPORT OF LAW ENFORCEMENT OFFICER
ADMINISTRATIVE LICENSE SUSPENSION /
NOTICE OF POSSIBLE CDL DISQUALIFICATION / IMMOBILIZATION / FORFEITURE

A. NAME <u>CHRIS M. RICK</u>		DRIVER LICENSE NUMBER <u>Qc120019</u>		CLASS <u>D</u>	STATE <u>OHIO</u>
CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER) <u>1221 PINESTOCK DRIVE</u>					
CITY <u>COLUMBUS</u>		OHIO COUNTY OF RESIDENCE <u>COLUMBUS</u>		STATE <u>OHIO</u>	ZIP CODE <u>43212</u>
DATE OF BIRTH <u>1-15-1967</u>	SOCIAL SECURITY NUMBER <u>70517417245</u>		AGENCY COURT CODE <u>0053</u>	COUNTY OF VIOLATION <u>MUSKIEGON</u>	
DATE OF VIOLATION <u>9-1-2007</u>	TIME OF VIOLATION <u>12:29</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		VIN <u>1FAPP1JONW19150</u>		
DATE OF REFUSAL OR TEST <u>9-1-2007</u>	TIME OF REFUSAL OR TEST <u>2:07</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		YEAR <u>92</u>	MAKE <u>FORD</u>	LICENSE PLATE NO. <u>BA197N</u>
VEHICLE OWNER'S NAME <u>FRANKIE RICK</u>		DATE OF BIRTH <u>11/30/1949</u>	STREET ADDRESS <u>1221 PINESTOCK DRIVE</u>		STATE <u>OHIO</u>
CITY <u>COLUMBUS</u>		STATE <u>OHIO</u>	ZIP CODE <u>43212</u>		
VEHICLE STORED AT (STREET ADDRESS) <u>3120 S.W. TOWING 10 EAST STREET</u>					
CITY <u>FAREASTVILLE</u>					

B. Officer to Complete for All OVI / Physical Control Arrests:

Circle arrest type: ☒ OVI Physical Control

The driver:

- ☒ Refused to submit to test (s).
☐ Submitted to test (s). 0 % alcohol test result.
☒ Circle test type for which results were reported:
Whole Blood, Breath, Urine, Blood Serum, or Blood Plasma
☐ Was placed under an Administrative License Suspension (4511.191)
☐ License was seized
☒ Offender was provided a copy of this form at the time of arrest.

I requested the driver, by reading advice on the back, to submit to a chemical test (s) for alcohol and/or for the presence of any controlled substance or metabolite. My reasonable grounds for OVI/Physical Control arrest before test were: TRAFFIC STOP

- ☐ Subject tested for controlled substance or metabolite. Circle test type for which controlled substance or metabolite results were reported: Urine, Whole Blood, Blood Serum, or Blood Plasma.
☐ Specify controlled substance and/or metabolite results:
☐ Subject tested positive for prohibited level of marijuana metabolite (specify amount) _____ and was under the influence of alcohol and/or a drug of abuse.
☐ Controlled substance or metabolite test result received on _____ Subject served with notice of Administrative License Suspension on _____

C. Officer to Complete Applicable Vehicle Sanctions:

- ☐ License plate(s) seized
☐ Vehicle seized under 4511.195 (OVI)

- ☐ Vehicle seized under 4511.203 only (DUS or wrongful entrustment of a motor vehicle) If so, Do Not Mail this form to the BMV
☐ Vehicle subject to immobilization
☐ Vehicle subject to forfeiture

D. Officer to Complete if Offender was Operating a Commercial Vehicle:

- Read and showed advice to offender (4506.17)
☐ Refused to submit to test(s).
☐ Submitted to test(s) 0 % alcohol test result
(Circle One) Whole Blood, Breath, Urine, Blood Serum, or Blood Plasma
☐ Prohibited Alcohol Content without OVI charge
☐ Prohibited Alcohol Content with OVI charge

- ☐ Commercial vehicle per definition (4506.01(E))
☐ 24-hour out-of-service order
☐ CDL to be disqualified
☐ CDL seized
☐ Hazardous material
☐ Operated a commercial vehicle under the influence of a controlled substance

E. The advice on the back of this form was read to me and I have received a copy of this form:

X RECEIVED
SIGNATURE OF DRIVER

☒ REFUSED TO SIGN

F. Complete Below Only for an OVI / Physical Control ARREST.

We, the undersigned, certify that the advice prescribed by the General Assembly (under 4511.192), was shown to the person under arrest and read to him or her in the presence of the arresting officer and one other person.

X SHIRLEY J. BROWN
SIGNATURE OF ARRESTING OFFICER

FAREASTVILLE PARK DEPT. OHC 06604
ENFORCEMENT AGENCY N.C.C. NUMBER

X FRANKIE RICK
SIGNATURE OF WITNESS

PO BOX 160 9-1-07
OFFICER'S BUSINESS STREET ADDRESS
FAREASTVILLE OHIO 43022
CITY STATE ZIP CODE

COMPLETE BELOW ONLY ON OVI ARREST, PHYSICAL CONTROL ARREST, OR ARREST INVOLVING COMMERCIAL VEHICLE. AFFIDAVIT OF ARRESTING OFFICER:

STATE OF OHIO, COUNTY OF COLUMBUS
I certify I arrested the person, having had reasonable grounds to believe the person was operating a vehicle upon a highway, or upon public or private property used by the public for vehicular travel or parking in the State of Ohio, under the influence of alcohol and/or drugs of abuse, in physical control of a vehicle while under the influence of alcohol and/or drugs of abuse, or with a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine. I advised the person in the prescribed manner of the consequences of a refusal or a test. The person either refused the test, or was under arrest for OVI and took the test and had a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine (all as described above). In the case of a commercial vehicle (if applicable) I had reasonable grounds to believe the person was driving a commercial motor vehicle in the State of Ohio in violation of section 4506.15 of the Ohio Revised Code. The information obtained on this form is true to the best of my knowledge and belief.

X SHIRLEY J. BROWN
ARRESTING OFFICER SIGNATURE

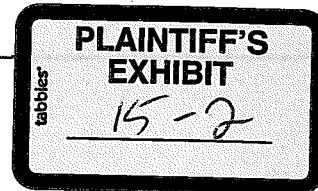
Sworn to before me this 14th day of October 2007

FRANKIE RICK
NOTARY PUBLIC'S SIGNATURE

X
DEPUTY CLERK OF COURT'S SIGNATURE

BMV 2255 7-06

White/Origins - BMV Canary - Law Enforcement Pink - Court Goldenrod - Offender





OHIO BUREAU OF MOTOR VEHICLES
REPORT OF LAW ENFORCEMENT OFFICER
ADMINISTRATIVE LICENSE SUSPENSION /
NOTICE OF POSSIBLE CDL DISQUALIFICATION / IMMOBILIZATION / FORFEITURE

A. NAME <u>CHAD M KIRK</u>		DRIVER LICENSE NUMBER <u>Q2120619</u>		CLASS <u>D</u>	STATE <u>OHIO</u>
CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER) <u>1331 COLUMBUS STREET LOT B</u>					
CITY <u>COLUMBIA</u>		OHIO COUNTY OF RESIDENCE <u>COLUMBIA</u>		STATE <u>OHIO</u>	ZIP CODE <u>43012</u>
DATE OF BIRTH <u>11-10-67</u>	SOCIAL SECURITY NUMBER <u>7915 1701 7945</u>	4 DIGIT COURT CODE <u>10053</u>		COUNTY OF VIOLATION <u>MCKINNON</u>	
DATE OF VIOLATION <u>9-11-2007</u>	TIME OF VIOLATION <u>12:37</u>	VIN <u>1FAMP151GN1W21158</u>			
DATE OF REFUSAL OR TEST <u>9-11-2007</u>	TIME OF REFUSAL OR TEST <u>2:07</u>	YEAR <u>93</u>	MAKE <u>FORD</u>	LICENSE PLATE NO. <u>BN197N</u>	TYPE PLATE <u>PART</u>
VEHICLE OWNER'S NAME <u>JEANETTE KIRK</u>		DATE OF BIRTH <u>11/30/1968</u>	STREET ADDRESS <u>1729 COLUMBUS ST LOT B</u>		STATE <u>OHIO</u>
CITY <u>COLUMBIA</u>	STATE <u>OHIO</u>	ZIP CODE <u>43012</u>			
VEHICLE STORED AT (STREET ADDRESS) <u>10 EAST STREET</u>		CITY <u>COLUMBIA</u>			

B. Officer to Complete for All OVI / Physical Control Arrests:

Circle arrest type: ☒ OVI Physical Control

The driver:

☒ Refused to submit to test(s).

☐ Submitted to test(s) 0 % alcohol test result

☒ Circle test type for which results were reported:
Whole Blood, Breath, Urine, Blood Serum, or Blood Plasma

☐ Was placed under an Administrative License Suspension (4511.191)

☐ License was seized

☒ Offender was provided a copy of this form at the time of arrest.

I requested the driver, by reading advice on the back, to submit to a chemical test(s) for alcohol and/or for the presence of any controlled substance or metabolite. My reasonable grounds for OVI/Physical Control arrest before test were: Refused to submit to test

☐ Subject tested for controlled substance or metabolite. Circle test type for which controlled substance or metabolite results were reported: Urine, Whole Blood, Blood Serum, or Blood Plasma.

☐ Specify controlled substance and/or metabolite results:

☐ Subject tested positive for prohibited level of marijuana metabolite (specify amount) _____ and was under the influence of alcohol and/or a drug of abuse.

☐ Controlled substance or metabolite test result received on _____ Subject served with notice of Administrative License Suspension on _____

C. Officer to Complete Applicable Vehicle Sanctions:

☐ License plate(s) seized

☐ Vehicle seized under 4511.195 (OVI)

☐ Vehicle seized under 4511.203 only (DUS or wrongful entrustment of a motor vehicle) If so, Do Not Mail this form to the BMV

☐ Vehicle subject to immobilization

☐ Vehicle subject to forfeiture

D. Officer to Complete if Offender was Operating a Commercial Vehicle:

☒ Read and showed advice to offender (4506.01(E))

☐ Refused to submit to test(s)

☐ Submitted to test(s) 0 % alcohol test result

☐ (Circle One) Whole Blood, Breath, Urine, Blood Serum, or Blood Plasma

☐ Prohibited Alcohol Content without OVI charge

☐ Prohibited Alcohol Content with OVI charge

☐ Commercial vehicle per definition (4506.01(E))

☐ 24-hour out-of-service order

☐ CDL to be disqualified

☐ CDL seized

☐ Hazardous material

☐ Operated a commercial vehicle under the influence of a controlled substance

E. The advice on the back of this form was read to me and I have received a copy of this form:

☒ Refused REFUSED TO SIGN

SIGNATURE OF DRIVER

F. Complete Below Only for an OVI / Physical Control ARREST:

We, the undersigned, certify that the advice prescribed by the General Assembly (under 4511.192), was shown to the person under arrest and read to him or her in the presence of the arresting officer and one other person.

X CHAD M KIRK SIGNATURE OF ARRESTING OFFICER

ENFORCEMENT AGENCY FRANKLIN PARK POLICE OHO 06097 N.C.D. NUMBER

OFFICER'S BUSINESS STREET ADDRESS PO Box 160 7 2nd St.

X JEANETTE KIRK SIGNATURE OF WITNESS

CITY COLUMBIA STATE OHIO ZIP CODE 43012

COMPLETE BELOW ONLY ON OVI ARREST, PHYSICAL CONTROL ARREST, OR ARREST INVOLVING COMMERCIAL VEHICLE. AFFIDAVIT OF ARRESTING OFFICER:

STATE OF OHIO, COUNTY OF COLUMBIA

I certify I arrested the person, having had reasonable grounds to believe the person was operating a vehicle upon a highway, or upon public or private property used by the public for vehicular travel or parking in the State of Ohio, under the influence of alcohol and/or drugs of abuse, in physical control of a vehicle while under the influence of alcohol and/or drugs of abuse, or with a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine. I advised the person in the prescribed manner of the consequences of a refusal or a test. The person either refused the test, or was under arrest for OVI and took the test and had a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine (as described above). In the case of a commercial vehicle (if applicable) I had reasonable grounds to believe the person was driving a commercial motor vehicle in the State of Ohio in violation of section 4505.15 of the Ohio Revised Code. The information contained on this form is true to the best of my knowledge and belief.

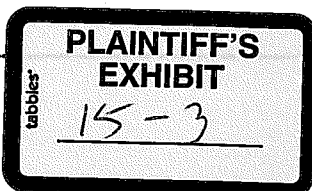
X CHAD M KIRK ARRESTING OFFICER SIGNATURE

Sworn to before me this 4th day of October 2007

Notary Public NOTARY PUBLIC'S SIGNATURE

X DEPUTY CLERK OF COURT'S SIGNATURE

City of COLUMBIA



MAYOR'S

MUSKINGUM

FRAZEYSBURG

NR 004813

07-031909

CRAIG M. KIRK

1239 CHESTNUT ST. LOT B.

CORADON OHIO

9 91

1995

43812

OHIO

295 70 7845

15 67

W. M. S'09 250 BLD BRO

QC120619

D

X

SPARK

9/1 07 12:29 AM

1992

FORD

SW

SILVER

BW197N

OHIO

EAST 3RD STREET

NORTH STATE ST.

VILLAGE

FRAZEYSBURG

MUSKINGUM

ED

X

X

FRS

X X

73.0/4571.79

73.0/11A

73.0/11A

X

ONE HEADLIGHT

IN OPERATION

74.03

4513.014

CASE #07-0319-09

MAYOR'S

P.O. BOX 160 7 2ND ST.
FRAZEYSBURG, OH 43822

TUE 9/4 07

507 9/1

6p

07

07/11/09

6053 8 FPD

710-1783

PLAINTIFF'S
EXHIBIT

15-4



MAYOR'S MUSKINGUM

FRAZEYSBURG

NO 004813

CASE NO 07-0319-09

CRAIG M. KIRK

1239 CHESTNUT ST. LOT B

COLUMBIA, OHIO 43812

9 91 1992 48812

SSN 295-70-7845

W M 5'09 250 BW BRD

00120619

TO DEFENDANT COMPLAINT

07-12:29 AM

1992 FPD

SIXER

BNSN

OHIO

EAST 3RD STREET

NORTH STATE ST.

VILLAGE FRAZEYSBURG MUSKINGUM

60

<input type="checkbox"/> ARRESTED	<input type="checkbox"/> UNABLE TO COME	<input type="checkbox"/> ACCA
<input type="checkbox"/> DRIVER LICENSE HELD	<input checked="" type="checkbox"/> VEHICLE SEIZED	ARREST CODE
<input type="checkbox"/> PAYMENT	<input type="checkbox"/> CLEAR	<input type="checkbox"/> CLOUD
<input type="checkbox"/> WEATHER	<input type="checkbox"/> RAIN	<input type="checkbox"/> SNOW
<input type="checkbox"/> TRAFFIC	<input type="checkbox"/> HEAVY	<input type="checkbox"/> MODERATE
<input type="checkbox"/> CRASH	<input type="checkbox"/> YES	<input type="checkbox"/> NO
REMARKS		
CASE # 07-0319-09		
ACCOMPANYING CRIMINAL CHARGE		
TOTAL # OFFENSES 3		

MAYOR'S

P.O. BOX 160 72ND ST.

FRAZEYSBURG, OH 43822

TUE 9/4 07

SEP 9/1 07

0053 8 FPD

COURT RECORD



**REPORT OF LAW ENFORCEMENT OFFICER
ADMINISTRATIVE LICENSE SUSPENSION /
NOTICE OF POSSIBLE CDL DISQUALIFICATION / IMMOBILIZATION / FORFEITURE**

A. NAME CRAIG M. KIRK		DRIVER LICENSE NUMBER Qc120619	CLASS D	STATE OHIO
CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER) 1239 CHESTNUT STREET LOT B				
CITY COSHOCTON		OHIO COUNTY OF RESIDENCE COSHOCTON	STATE OHIO	ZIP CODE 43812
DATE OF BIRTH 1-15-1973	SOCIAL SECURITY NUMBER 295 70 7845	4 D GT COURT CODE 0053	COUNTY OF VIOLATION MUSKINGHAM	
DATE OF VIOLATION 9/1/2007	TIME OF VIOLATION 12:29	VIN 1FAPP15JONW19458		
DATE OF REFUSAL OR TEST 9/1/2007	TIME OF REFUSAL OR TEST 2:07	YEAR 92	MAKE FORD	LICENSE PLATE NO. BN197N
VEHICLE OWNER'S NAME JEANETTE KIRK		DATE OF BIRTH 11/30/1963	STREET ADDRESS 1239 CHESTNUT ST. LOT B	STATE OHIO
CITY COSHOCTON		STATE OHIO	ZIP CODE 43812	
VEHICLE STORED AT (STREET ADDRESS) 3700 S/R TOWING 10 EAST STREET FAREYSBURG OHIO				
B. Officer to Complete for All OVI / Physical Control Arrests: Circle arrest type: <input checked="" type="radio"/> Physical Control The driver: <input checked="" type="checkbox"/> Refused to submit to test (s) <input type="checkbox"/> Submitted to test (s) 0 % alcohol test result <input checked="" type="checkbox"/> Circle test type for which results were reported: Whole Blood, Breath , Urine, Blood Serum, or Blood Plasma <input type="checkbox"/> Was placed under an Administrative License Suspension (4511.19) <input type="checkbox"/> License was seized <input checked="" type="checkbox"/> Offender was provided a copy of this form at the time of arrest. <input type="checkbox"/> Subject tested for controlled substance or metabolite. Circle test type for which controlled substance or metabolite results were reported: Urine, Whole Blood, Blood Serum, or Blood Plasma. <input type="checkbox"/> Specify controlled substance and/or metabolite results: <input type="checkbox"/> Subject tested positive for prohibited level of marijuana metabolite _____ (specify amount) and was under the influence of alcohol and/or a drug of abuse. <input type="checkbox"/> Controlled substance or metabolite test result received on _____ Subject served with notice of Administrative License Suspension on _____. <input type="checkbox"/> Vehicle seized under 4511.203 only (DUS or wrongful entrapment of a motor vehicle) if so, Do Not Mail this form to the BMV. <input type="checkbox"/> Vehicle subject to immobilization <input type="checkbox"/> Vehicle subject to forfeiture				
C. Officer to Complete Applicable Vehicle Sanctions: <input type="checkbox"/> License plate(s) seized <input type="checkbox"/> Vehicle seized under 4511.195 (OVI)				
D. Officer to Complete if Offender was Operating a Commercial Vehicle: <input type="checkbox"/> Refused to submit to test(s) <input type="checkbox"/> Submitted to test(s) 0 % alcohol test result (Circle One) Whole Blood, Breath, Urine, Blood Serum, or Blood Plasma <input type="checkbox"/> Prohibited Alcohol Content without OVI charge <input type="checkbox"/> Prohibited Alcohol Content with OVI charge <input type="checkbox"/> Commercial vehicle per definition 14506.01(E) <input type="checkbox"/> 24-hour out-of-service order <input type="checkbox"/> CDL to be disqualified <input type="checkbox"/> CDL seized <input type="checkbox"/> Hazardous material <input type="checkbox"/> Operated a commercial vehicle under the influence of a controlled substance				
E. The advice on the back of this form was read to me and I have received a copy of this form: <input checked="" type="checkbox"/> REFUSED SIGNATURE OF DRIVER				
F. Complete Below Only for an OVI / Physical Control ARREST. We, the undersigned, certify that the advice prescribed by the General Assembly (under 4511.192), was shown to the person under arrest and read to him or her in the presence of the arresting officer and the other person. X ON SIGNATURE OF ARRESTING OFFICER				
X TONIA R. ELL SIGNATURE OF WITNESS				
FAREYSBURG POLICE DEPT. OHIO 0604 ENFORCEMENT AGENCY PO BOX 160 7 2ND ST. OFFICER'S BUSINESS STREET ADDRESS FAREYSBURG OHIO 43822 CITY STATE ZIP CODE				

**PLAINTIFF'S
EXHIBIT**

15-6

COMPLETE BELOW ONLY ON OVI ARREST, PHYSICAL CONTROL ARREST, OR ARREST INVOLVING COMMERCIAL VEHICLE. AFFIDAVIT OF ARRESTING OFFICER:
STATE OF OHIO, COUNTY OF **MUSKINGHAM**

I certify I arrested the person, having had reasonable grounds to believe the person was operating a vehicle upon a highway, or upon public or private property used by the public for vehicular travel or parking in the State of Ohio, under the influence of alcohol and/or drugs of abuse, in physical control of a vehicle while under the influence of alcohol and/or drugs of abuse, or with a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine. I advised the person in the prescribed manner of the consequences of a refusal or a test. The person either refused the test, or was under arrest for OVI and took the test and had a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine (all as described above). In the case of a commercial vehicle (if applicable) I had reasonable grounds to believe the person was driving a commercial motor vehicle in the State of Ohio in violation of section 4506.15 of the Ohio Revised Code. The information contained on this form is true to the best of my knowledge and belief.

X **TONIA R. ELL**
ARRESTING OFFICER'S SIGNATURE

Sworn to before me this **4th** day of **October** 20 **07**

NOTARY PUBLIC'S SIGNATURE

X
DEPUTY CLERK OF COURT'S SIGNATURE

BMJ 1255 706

White/Original - BMV, Canary - Law Enforcement, Pink - Court, Goldenrod - Offender

FRAZEYSBURG POLICE DEPARTMENT DRUG INFLUENCE EVALUATION 07-08-09

☒ TRAFFIC ☐ FATALITY INVEST ☐ OTHER ☐ FIELD CERT ☐ MOCK EVAL ☐ INST OBSERVED ☐ RECEIPT

EVALUATOR AND DRE # DR. J. Schilling #8 DRE'S AGENCY FRAZEYSBURG POLICE CASE NO. 07-316-28 NOTIFICATION DATE AND TIME 9/11/07 10:30 AM
WITNESS ☐ DRE Schilling MIRANDA WARNING GIVEN BY Schilling LOCATION OSHP COUNTY OF ARREST MUSILINGUM
ARRESTING OFFICER DR. J. Schilling #8 BREATH TEST RESULTS: REFUSED COLLISION ☐ FATALITY ☐ INJURY ☐ PROPERTY ☐
SUBJECT'S NAME CRAG, M. KIRK DOB 11/15/67 SEX M RACE W OC 120619 OHIO 9/11/07 12:29 AM TIME OF EVAL. 3:10 AM
WHAT HAVE YOU EATEN TODAY? SAUSAGE, EGG, MEAT, BUN. WHEN? NO WHAT HAVE YOU BEEN DRINKING? NO WHEN? NO WHAT TIME IS IT? 3:12 AM (ACTUAL)
WHEN DID YOU LAST SLEEP? HOW LONG? SLEPT 8-9 HRS. LAST NIGHT ARE YOU SICK OR INJURED? NO ☐ DIABETIC ☐ EPILEPTIC ☐ TAKE INSULIN? NO
DO YOU HAVE A PHYSICAL IMPAIRMENT? LEFT BACK SHOULDER/NECK (NEVER INJURED) UNDER THE CARE OF A DR. OR DENTIST? ☐ YES ☒ NO IF YES NAME: NONE WHAT MEDICATIONS OR DRUGS ARE YOU TAKING? NONE
ATTITUDE CALM COORDINATION MADONNA SPEECH STUTTERED BREATH STRONG-ALCOHOLIC FACIAL COLOR FLUSH
CORRECTIVE LENSES: ☒ NONE ☐ GLASSES BLINDNESS: ☒ NONE ☐ LEFT ☐ RIGHT EYES: ☐ NEAR NORMAL ☒ BLOODSHOT ☐ WATERY EYELIDS: ☐ NORMAL ☒ DROOPY PUPIL SIZE: ☒ EQUAL ☐ UNEQUAL ABLE TO FOLLOW STIMULUS: ☐ YES ☒ NO TRACKING: ☐ EQUAL ☒ UNEQUAL
CONTACTS: ☐ SOFT ☐ HARD VERTICAL NYSTAGMUS: ☐ YES ☒ NO ROMBERG BALANCE: NO EYELID TREMORS: ☐ YES ☒ NO
LACK OF SMOOTH PURSUIT: Y N Y N CONVERGENCE: RIGHT LEFT HOW MANY SEC.? 30 SEC.
MAX. DEVIATION: Y N Y N ESTIMATION METHOD: RE FUSION
ANGLE OF ONSET: REFUSED

WALK AND TURN: REFUSED
TYPE OF FOOTWEAR: REFUSED
CANT KEEP BALANCE: REFUSED
STARTS TOO SOON: REFUSED
STOPS WALKING: REFUSED
MISSES HEEL TO TOE: REFUSED
STEPS OFF LINE: REFUSED
RAISES ARMS: REFUSED
ACTUAL STEPS TAKEN: REFUSED

ONE LEG STAND:
LEFT FOOT: REFUSED
RIGHT FOOT: REFUSED
SWAYS: REFUSED
USES ARMS TO: REFUSED
HOPPING: REFUSED
PUTS FOOT DOWN: REFUSED

DESCRIBE TURN: REFUSED CANNOT DO TEST: REFUSED

FINGER TO NOSE:
RIGHT: REFUSED
LEFT: REFUSED

3-PULSES:
PULSE: REFUSED
TIME: REFUSED

PUPIL SIZE:
LEFT EYE: REFUSED
RIGHT EYE: REFUSED

REFLUX: ☐ YES ☒ NO **DEBOUNDING:** ☐ YES ☒ NO **REACTION TO LIGHT:** ☐ YES ☒ NO

BLOOD PRESSURE: REFUSED **NASAL AREA:** REFUSED **ORAL CAVITY:** REFUSED

TEMP: REFUSED **MUSCLE TONE:** ☐ NEAR NORMAL ☐ FLACCID ☐ RIGID

WHAT MEDICATIONS OR DRUGS HAVE YOU BEEN USING?
TYPE OF DRUG? REFUSED HOW MUCH/DOSAGE? REFUSED TIME OF USE? REFUSED

WHERE WERE THESE DRUGS USED? REFUSED

INJECTION SITES:
RIGHT: REFUSED
LEFT: REFUSED

INTERROGATION, STATEMENTS AND OTHER OBSERVATIONS (USE BACK IF NECESSARY):
GLASSY EYES, DILATED PUPILS, SLURRED SPEECH, STUNTLING

OPINION: ☐ DEPRESSANT ☐ NARCOTIC ANALGESIC ☐ INHALANT ☐ CANNABIS ☐ NOT IMPAIRED ☐ TOX SAMPLE ☐ BLOOD ☐ URINE ☐ REFUSED ☐ STIMULANT ☐ DISSOCIATIVE ANESTHETIC ☐ HALLUCINOGEN ☐ ALCOHOL ☐ MED RULE OUT ☐ UNABLE TO OBTAIN ☐ NOT RECD TO 4320
EXAMINING OFFICER DR. J. Schilling BADGE NO. 8 REVIEWED BY DRE INSTRUCTOR: REFUSED
300C-150-008 (Rev. 5/05) COPIES TO: ☐ ARRESTING OFFICER ☐ COURT ☐ ORIGINATING AGENCY ☐ TOX LAB ☐ STATE COORDINATOR

PLAINTIFF'S
EXHIBIT

15-7

THE KILBOURN

07-0319-09

Bureau of Alcohol
and Drug Testing**BAC DATAMASTER****SUBJECT TEST FORM**

TEST DATE MONTH DAY YEAR 9 / 1 / 2007			SUBJECT NAME CRAIG M. KEEK		
DATE OF BIRTH MONTH DAY YEAR 01 / 15 / 1967			AGE 40	SEX M	SOCIAL SECURITY # 295 / 70 / 7845
ADDRESS 1509 CHESTNUT ST. INT A				CITY COLUMBUS	
STATE OH	ZIP CODE 43012	DRIVER LICENSE # Q6120619		STATE OH	EXPIRES 1995
ARRESTING OFFICER SCHILLING			DEPARTMENT FREDERICKS POLICE DEPT.		
UNIFORM TRAFFIC TICKET # 4813			STATUTE / ORDINANCE OVE / DUS (FKA)		
VIOLATION 73.01 / 71.19				TEST SITE # H.P. 60	

BAC DataMaster Operational Checklist

- ☒ (1) Observe subject for twenty minutes prior to testing to prevent oral intake of any material.
- ☒ (2) Press "RUN" button.
- ☒ (3) Enter data as prompted by instrument display.
- ☒ (4) Take breath sample when "PLEASE BLOW" appears on display.

☒ CHECK IF SUBJECT REFUSED TEST
**PLAINTIFF'S
EXHIBIT**

tabbies

15-8

TEST RESULT

0.055% g/210L

PERMIT # B1036-2-6	EXPIRATION DATE MONTH DAY YEAR 11 / 18 / 2008	INSTRUMENT SERIAL # 130615	TEST I.D. # 07-180
OPERATORS SIGNATURE Tom. R. A. Roe		DEPARTMENT OSAP	

Original: Court Copy


Copy: Filed At Instrument Site

RULE 3701-53-02

HEA 2650

REV 8/2002

CR NUMBER: OH090400	IR NUMBER: 07-00319-09	IR DATE: 09/01/2007 03:30:00	PAGE NO: 1
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FRAZEYSBURG POLICE DEPARTMENT
OHIO UNIFORM INCIDENT REPORT

PLAINTIFF'S EXHIBIT
15-9

ADMINISTRATIVE	AGENCY NAME: FRAZEYSBURG POLICE DEPARTMENT				INCIDENT NUMBER: 07-00319-09											
	*SECCODE: Zone 2				*CLEARANCES											
	TOD: 09/01/2007 00:29:00				F - Arrest - Adult											
	TOA: 09/01/2007 00:29:00															
	TCC: 09/01/2007 00:29:00				*CLEARANCE DATE: 09/01/2007											
					CLEARED BY: B - Schilling, Jason											
OFFENSE	<input type="checkbox"/> INCIDENT (NON-CRIMINAL) <input checked="" type="checkbox"/> OFFENSE															
	*REPORT DATE/TIME				*INCIDENT OCCURRED FROM				*INCIDENT OCCURRED TO							
	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME				
	09	01	2007	00:30:00	09	01	2007	00:26:00	09	01	2007	00:27				
	*INCIDENT LOCATION															
	(Street, Apt., City, State, Zip)				East 3rd Street, Frazeyburg, OH, 43022											
	*OFFENSE CODE				*OFFENSE				*A/C		*FM & DEGREE		*HATE/BIAS		*LARGE VY	
	4510.14				1. Driving Under OVI Suspension				C		M-1 - Misdemeanor - 1		N - No Bias/Not Applicable			
	*LOCATION OF OFFENSE								*SUSPECTED OF USING							
	77 - Other Location								A <input type="checkbox"/> ALCOHOL D <input type="checkbox"/> DRUGS C <input type="checkbox"/> COMPUTER EQUIPMENT N <input type="checkbox"/> NOT APPLICABLE							
*TYPE OF WEAPON/FORCE USED								*TYPE OF CRIMINAL ACTIVITY								
99-None																
*METHOD OF ENTRY				*METHOD OF ENTRY - MOTOR VEHICLE THEFT				*METHOD OF ENTRY - BURGLARY/B&E								
<input checked="" type="checkbox"/> FORCE								ENTRY		EXIT		ENTRY		EXIT		
<input type="checkbox"/> NO FORCE								ENTRY		EXIT		ENTRY		EXIT		
*NO PREMISES ENTERED																
0																
METHODS OF OPERATION:																

ORI NUMBER: OH0502460

IR NUMBER: 07-00319-09

IR DATE: 09/07/2007 03:32:00

PAGE NO: 2



FRAZEYSBURG POLICE DEPARTMENT

OHIO UNIFORM INCIDENT REPORT

PLAINTIFF'S EXHIBIT
15-10

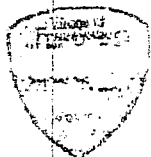
OFFENSE

*OFFENSE CODE 73.01	*OFFENSE 2). Driving While under the Influence of Alcohol/Drugs	*A/C C	*M & DEGREE M-1 - Misdemeanor - 1	*HATE/BIAS N - No Bias/Not Applicable	*LARCENY
*LOCATION OF OFFENSE 77 - Other Location			*SUSPECTED OF USING A <input checked="" type="checkbox"/> ALCOHOL C <input checked="" type="checkbox"/> DRUGS D <input type="checkbox"/> COMPUTER EQUIPMENT N <input type="checkbox"/> NOT APPLICABLE		
*TYPE OF WEAPON/FORCE USED 99-None			*TYPE OF CRIMINAL ACTIVITY		
*METHOD OF ENTRY <input checked="" type="checkbox"/> FORCE <input type="checkbox"/> NO FORCE *NO PREMISES ENTERED 0		*METHOD OF ENTRY - MOTOR VEHICLE THEFT		*METHOD OF ENTRY - BURGLARY/B&E	
		ENTRY EXIT		ENTRY EXIT ENTRY EXIT	
METHODS OF OPERATION:					

OFFENSE

*OFFENSE CODE 74.04	*OFFENSE 3). Headlights	*A/C C	*M & DEGREE M - Misdemeanor	*HATE/BIAS N - No Bias/Not Applicable	*LARCENY
*LOCATION OF OFFENSE 77 - Other Location			*SUSPECTED OF USING A <input checked="" type="checkbox"/> ALCOHOL C <input checked="" type="checkbox"/> DRUGS D <input type="checkbox"/> COMPUTER EQUIPMENT N <input type="checkbox"/> NOT APPLICABLE		
*TYPE OF WEAPON/FORCE USED 99-None			*TYPE OF CRIMINAL ACTIVITY		
*METHOD OF ENTRY <input checked="" type="checkbox"/> FORCE <input type="checkbox"/> NO FORCE *NO PREMISES ENTERED 0		*METHOD OF ENTRY - MOTOR VEHICLE THEFT		*METHOD OF ENTRY - BURGLARY/B&E	
		ENTRY EXIT		ENTRY EXIT ENTRY EXIT	
METHODS OF OPERATION:					

OR NUMBER: DH0600400 IR NUMBER: 07-00319-00 R DATE: 09/01/2007 00:30:00 PAGE NO. 3



FRAZEYSBURG POLICE DEPARTMENT


OHIO UNIFORM INCIDENT REPORT

PLAINTIFF'S
EXHIBIT

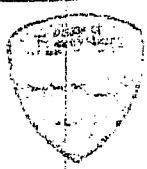
15-11

tabbles

VICTIM	NO.	TOTAL VICTIMS	1	*VICTIM TYPE:		S - Society / Public	
	NAME (Last, First, Middle)		Frazey'sburg, Village of				
	ADDRESS (Street, Apt., City, State, Zip)		7 2nd Street Frazey'sburg, OH, 43822			HOME PHONE (740)828-2901	
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					PHONE	
	*AGE: D.O.B.		*SEX:	*RACE	*ETHNICITY:		
	HGT:		WGT:	HAIR:	EYES:		
	OCCUPATION:		SSN:		*RESIDENT STATUS:		
	VICTIM INJURED? <input type="checkbox"/> Y <input type="checkbox"/> N		IF INJURED, DESCRIBE INJURIES:				
	*AGG. ASSAULT / HOMICIDE CIRC.		*VICTIM/SUSPECT RELATIONSHIP: U - Unknown		*VICTIM/OFFENSE LINK:		
	JUSTIFIABLE HOMICIDE CIRC:						
OFFICER CIRCUMSTANCE:		10 - Traffic Pursuits and Stops					
OFFICER ASSIGNMENT TYPE:		G - One-Officer Vehicle (Alone)					
OFFICER ORI:		Unit 6					
PHYSICAL CONDITION							
MEDICAL CONDITION:							

ORI NUMBER: OH0600400		IR NUMBER: 07-00319-06		IR DATE: 09/07/2007 03:50:00		PAGE NO: 4	
		FRAZEYSBURG POLICE DEPARTMENT OHIO UNIFORM INCIDENT REPORT					
ADDITIONAL INFORMATION	Additional migrated data. Please check current record(s) for validity.						<div>PLAINTIFF'S EXHIBIT <u>15-12</u></div>
	My signature verifies that the information on this report is accurate						
						DATE:	

ORI NUMBER: OH0800400 IR NUMBER: 07-00319-09 IR DATE: 09/07/2007 00:30:00 PAGE NO: 1



FRAZEYSBURG POLICE DEPARTMENT
OHIO UNIFORM INCIDENT REPORT

PLAINTIFF'S
EXHIBIT
15-13

NAME / DESCRIPTIVES

TNO		ADULT <input checked="" type="checkbox"/>	JUVENILE <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	CATEGORY 1 - Suspect	CHARGES FILED? Y N	
NAME (Last, First, Middle) Kirk, Craig M						SSN 288-70-7845	
ALIAS						GANG AFFILIATION	
ADDRESS (Street, Apt., City, State, Zip)						HOME PHONE	
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) Blacks Shoek Repair Zanesville, Oh						PHONE	
PLACE OF BIRTH				DL#/STATE: Q0120613/Ohio		OCCUPATION/SCHOOL	
AGE/ DOB 40 01/15/1987		SEX M - Male	RACE W - White	ETHNICITY	HEIGHT 5' 5"	WEIGHT 250	HAIR BRN - Brown
EYES BRN - Brown		SUSPECTED OF USING <input checked="" type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS		MARITAL M - Married		RESIDENT STATUS: 2 - Tourist	
SCARS, MARKS, TATTOOS							
ADDITIONAL DESCRIPTION							
POTENTIAL INJURIES?							
ARRESTEE WAS ARMED WITH							

ORI NUMBER: OH3600400

IR NUMBER: 07-00319-09

IR DATE: 09/01/2007 03:30:00

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FRAZEYSBURG POLICE DEPARTMENT

OHIO UNIFORM INCIDENT REPORT

**PLAINTIFF'S
EXHIBIT**

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15-14

REPORTEE	NO.	NAME (Last, First, Middle) Schilling, Jason E.				AGE D.O.B.		SSN.	
	ADDRESS (Street, Apt., City, State, Zip): 7 2nd Street Frazeyburg, OH, 43822						HOME PHONE (740)826-2911		CELL
							OFFICE PHONE		EXT.
							PAGER		
VEHICLE	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip): Village of Frazeyburg Police 7 2nd Street Frazeyburg, OH, 43822						PHONE (740)826-2911		
	STATEMENTS OBTAINED: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input checked="" type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHERS								
	CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input checked="" type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input checked="" type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTHORIZED USE <input type="checkbox"/> ABANDONED								
	NO 1	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC: BN19TN	LIS: OH - Ohio	LIY: 2007	LIT: PC - Passenger Car	VIN/OAN: 1FAPP15JONW136458	*VALUE	
VYR: 1992	VMA: Ford (also see English)	VMO: Escort	VST: Station Wagon	TOP COLOR: SIL - Silver BOTTOM COLOR: SIL - Silver	VEHICLE <input checked="" type="checkbox"/> Y LOCKED <input checked="" type="checkbox"/> N	KEYS IN <input checked="" type="checkbox"/> Y VEHICLE <input checked="" type="checkbox"/> N	HOLD <input type="checkbox"/> Y VEHICLE <input checked="" type="checkbox"/> N	RELEASE <input checked="" type="checkbox"/> Y COMMENTS <input type="checkbox"/> N	
VEHICLE ASSOC. W/ SUSPECT NO.		VEHICLE ASSOC. W/ VICTIM NO.		1 VEHICLE <input checked="" type="checkbox"/> Y TOWED? <input type="checkbox"/> N	TOWED BY: J/R Towing 10 East 3rd Street		OWNERSHIP 7 - LEADS VERIFIED BY:		
STOLEN MOTOR VEHICLE ONLY		NO. STOLEN			AREA STOLEN:				
AUTO INSURER NAME (Company): ADDRESS (Street, Apt., City, State, Zip):				NONE PROVIDED OH		PHONE			
MOTOR VEHICLE RECOVERY ONLY		NO. RECOVERED	DATE REC.	STOLEN IN YOUR JURISDICTION <input checked="" type="checkbox"/> Y <input type="checkbox"/> N WHERE RECOVERED?					
ADDITIONAL DESCRIPTION:									
PROPERTY	*LOSS CODE E - Evidence	QUANTITY 1	DESCRIPTION: 1 open Budweiser beer can (Empty) Found cold with small amount of liquid				*PROP CODE 30 - Alcohol	*VALUE 0	
	VICT. NO.	1	VEH NO	1	MAKE/BRAND Budweiser	MODEL		DATE RECOVERED 09/01/2007	
	SERIAL NUMBER:			VIN/C NUMBER:		OTHER NUMBER:			

ORI NUMBER OH0600400

IR NUMBER 07-00912-06

IR DATE 09/07/2007 03:00:00

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FRAZEYBURG POLICE DEPARTMENT
OHIO UNIFORM INCIDENT REPORT

PLAINTIFF'S
EXHIBIT

tabbies

15-15

NARRATIVE

NARRATIVE

Saturday, September 1, 2007 at 12:29 a.m.

Officer Jason Schilling Unit #6 was conducting stationary patrol in the Huntington Bank Parking Lot located at the intersection of 3rd Street and State Street. I observed a silver Ford Escort Station Wagon traveling northbound on South State Street. The vehicle completed a right turn and drove eastbound on 3rd Street. I observed that the driver did not signal when turning and the vehicle only had one operational headlight on the driver side. ←

I drove out of the Huntington Bank Parking Lot and traveled eastbound on 3rd Street. The suspect vehicle sped up as I approached and failed to stop when I activated my overhead beacons and turned on my audible siren on my marked patrol vehicle.

The vehicle suddenly slowed and quickly drove off the roadway, onto the south side of the roadway, still facing eastbound.

I contacted the Muskingum County Sheriff's Department Dispatcher and advised of the traffic stop, vehicle information (Ohio Plate: BN19TK) and advised of my location, East 3rd Street and west of Winansburg Square Sales.

I exited my patrol vehicle (#102) and approached the driver side window of the vehicle. I observed a male driver as the sole occupant. As I approached the vehicle, I also smelled a strong odor of an unknown alcoholic beverage emitting from the open driver side window.

I made contact with the driver, who identified himself a Craig M. Kirk from Coshocton, Ohio. I asked for his driver's license, insurance information and vehicle registration. Kirk said, "Well that is going to be hard for me to do." He looked at me and then looked away. I smelled a strong odor of an unknown alcoholic beverage on his breath. His eyes were glassy and his pupils were fully dilated. He could not maintain eye contact with me and his head kept falling to his right shoulder. I asked why he did not have his license on him. He said, "Well that is a long story, you see I am an ex-patriot, and I do not believe in government or any type of identification." I asked for his name, Social Security Number and date of birth. He provided his name and date of birth, but refused to provide his Social Security Number.

I advised Kirk that I stopped his vehicle because he did not signal when turning onto east 3rd Street and his passenger side headlight is not working. He said, "I don't believe that. I bet this is because of me being a Green's house." I asked where Green's house is, he said, "You know, Jason Green, he only lives a few doors down from the Police Department, he is a trouble maker and doesn't believe in government either." I assured him I did not stop him for that reason. Kirk said, "Well it is probably because I am Jewish." I once again assured him it was not for that reason.

I asked Kirk if he consumed any alcohol, illegal substance or other drug before driving. He said no.

I asked him to stay in his vehicle while I checked his driver's license information.

I walked back to my patrol car and made contact with the Muskingum County Sheriff's Department Dispatcher. I was advised by the dispatcher that the Ford Escort is registered to Jeanette Kirk, and Craig Kirk's license was under permanent revocation since June, 27, 1994 through French County Municipal Court.

I observed Kirk's actions from my vehicle. I observed him strike the dashboard with his fist, foot around inside the vehicle, shake his fists over his head and throw a small unknown object into the rear storage compartment of his vehicle.

I requested assistance through the MCSO dispatcher. Dresden Police Department (Unit 2 / Asst. Chief) advised he was en-route. MCSO Deputy Caldwell also advised he was en-route.

I exited my vehicle and approached the driver side window of the suspect vehicle. I advised Kirk that his license are under suspension permanently. He said, "Yeah, and what else is new, I already knew that." I asked him to submit to a standard field sobriety test. He refused. I explained the consequences for not submitting to the field test. He still refused.

ORI NUMBER: OHD600400

IR NUMBER: 07-00319-09

IR DATE: 09/01/2007 03:32:00

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FRAZEYSBURG POLICE DEPARTMENT

OHIO UNIFORM INCIDENT REPORT

**PLAINTIFF'S
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I asked him to step out of the vehicle. He did without incident. I walked him to the rear of his vehicle and advised he was under arrest for suspicion of OVI and Driving Under Suspension. I could smell a strong odor of an unknown alcoholic beverage upon his breath and person. His eyes were glassy, and he stumbled as he walked. I advised him of his Miranda rights and placed him under arrest. Kirk said he has a bad back and neck and cannot wear one set of handcuffs behind his back. I placed both available pairs of handcuffs on his wrists for maximum comfort. He asked if I would place the handcuffs in front of him. I explained that I would, when my back-up arrives. I walked him to the rear passenger side of my cruiser. I again asked if he would submit to a field sobriety test and of the consequences if he does not. He again said no. Kirk stated he was being falsely arrested and I was violating the "Commandments of Moses." I asked him to recite the commandments. I was violating. He mumbled and said, "I can only tell you one, the rest are a secret." Kirk said, "I am Jewish, so does that mean you are going to shoot me along the roadside?" I assured him that would not happen. He said, "That is what Hitler did."

Dresden (Unit 2) arrived and parked behind my cruiser. The Dresden officer assisted me with patting down Kirk and placing a third set of handcuffs in a chain along Kirk's stomach. Kirk advised he was more comfortable.

MCSO Deputy Sheriff Caldwell also arrived as we placed the third set of handcuffs on Kirk.

Kirk was placed in the rear passenger side of my patrol car.

Dresden (Unit 2) contacted the MCSO dispatcher and requested a tow truck. I completed an inventory of the vehicle prior to impound. I noted the mileage and VIN number of the vehicle. I also completed an inventory of the entire interior of the vehicle. I observed a large amount of trash inside the vehicle. The driver seat was wet and smelled like urine. The interior of the vehicle also smelled like an unknown alcoholic beverage. I noted a fixed blade knife secured inside a leather sheath lying on the passenger side dashboard. The blade appeared to be five inches or less in length and was not removed from the vehicle.

I completed an inventory of the rear storage compartment of the vehicle. The compartment is not separate and is accessible from the front and rear passenger seats. I noted on the inventory sheet a red plastic tool kit with miscellaneous tools and trash. I discovered a compacted 12 oz. Budweiser beer can near the toolkit.

The can contained a small amount of an unknown yellow liquid that smelled and appeared to be an alcoholic beverage. The can was very cold and moist. The weather conditions during the traffic stop were clear and warm. The contents of the can smelled fresh and the can appeared to have been recently opened and emptied or consumed.

I walked back to my patrol vehicle and spoke with Kirk about the beer can I found in the storage area. I asked if he consumed the contents prior to or while driving. He laughed and said, "Oh, we collect cans to recycle."

1:20 a.m.

J/R Towing arrived (Business Address: 10 East 3rd Street Frazey'sburg, Ohio 43822). I advised the tow truck driver, James Smith, that the vehicle is not on hold, but can only be released to the owner, Jeanette Kirk. The keys were left in the ignition.

1:45 a.m.

I transported Kirk to Ohio State Highway Patrol Post 60 in Zanesville, Ohio. I read Kirk his Miranda, he said he understood. Trooper Roe (362) witnessed the Miranda form. Kirk refused to sign the form.

Trooper Roe setup the Breathalyzer Machine for the breath test. He placed a fresh plastic mouth piece on the blow tube of the machine. The mouth piece was inside a sealed clear plastic baggie prior to being removed.

ORI NUMBER: OH0600400 IR NUMBER: 07-00319-05 IR DATE: 09/04/2007 03:30:00 PAGE NO: 9



FRAZEYSBURG POLICE DEPARTMENT

OHIO UNIFORM INCIDENT REPORT

PLAINTIFF'S
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tabbies

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I read the BMV 2255 consequences section on the reverse side of the form to Kirk. Kirk refused to read along with the form. After the form was read to him, he said, "Whatever." Trooper Roe signed the form as a witness.

2:07 a.m.

Trooper Roe requested that Kirk blow into the mouthpiece on the Breathalyzer Machine. Kirk refused and did not place his mouth on or near the tube. He remained seated in front of the machine.

Roe recorded the results as a refusal.

2:36 a.m.

I transported Kirk to the Frazey'sburg Police Department for processing. I completed an Influence Report. Kirk was cooperative during the interview. I presented him with a copy of the BMV 2255 form and Breathalyzer Machine Report.

I advised Kirk that he is being charged with OVI, Driving Under Suspension and Failure to Display Two Operable Headlights. He said he understood and signed citation #4813.

I advised him he is scheduled to appear in Frazey'sburg Mayor's Court on Tuesday, September 4, 2007 at 6:00 p.m. He said, "There is going to be a problem with that. That is a Jewish Holiday. I don't conduct business on holidays." I asked what the name of the holiday is. He said, "It is a Jewish thing, it is a new moon." I advised I am not familiar with that being a holiday. I explained that he would need to contact the court to reschedule, and if he does not appear, a warrant would be issued for his arrest. He said, "I guess I can work something out."

3:45 a.m.

Kirk was released to his wife.

REPORTING OFFICER: Schilling, Jason

BADGE NO. 8

DATE: 09/04/2007 14:19

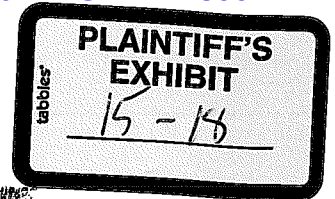
FOLLOW-UP?

☒ Y

☒ N

If yes, follow-up
Assignment.

09/04/2007



MARC DANN
ATTORNEY GENERAL
STATE OF OHIO

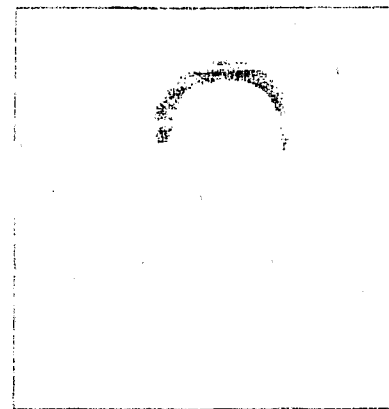
OHLEG-SE Person Search Vehicle Search Location Search Contact Us About Ohio

Record Information

Data Source: OH
Record Type: Driver's License (Active)
Owning Agency: OH
Record Key: 011590701

Demographics

Alias(s):
Height: 5' 09"
Hair: BROWN
Race:
Date of Birth: 1/15/1947
Sex: Male
Weight: 250
Eyes: BROWN
Gender: M
Age: 40
Scar/Mark/Tattoo:



Identifiers

SSN(s): FBI Number(s): BCI Number(s):

Driver's License

Drivers License Authority: OH
Expires On: 01/15/1999
License Type: SUSPENDED
License Class: D
License Endorsement(s):
Comments: CHECK VEHICLE REGISTRATION
Temporary Identification: RESPACE
Issued Date: 06/29/2001
Status: EXPIRED
Drivers License:
Issue Date: 09/10/1991
License Type Two Part:
License Restriction: NONE
Restriction(s):
Class: F
Expiration Date: 01/15/2002
CDLIS:

Addresses

Residence COLUMBUS OH 43204
FRANKLIN

Convictions

01/01/IN-STATE 0000 NO POINTS 01/01/2002 07/26/2003 NO DRIVER LICENSE

CONVICTION					
02 C1 IN-STATE	MUN	CONVICTION	5/31/1992	10/16/1992	OVI-ALCOHOL &/OR DRUG
CONVICTION					
03 C1 IN-STATE	MUN	CONVICTION	7/19/1992	8/17/1992	OVI-ALCOHOL &/OR DRUG
CONVICTION					
04 C1 IN-STATE	MUN	CONVICTION	1/10/1992	4/8/1992	OVI-ALCOHOL &/OR DRUG
CONVICTION					
05 C1 IN-STATE	MUN	CONVICTION	2/28/1992	3/10/1992	OVI-ALCOHOL &/OR DRUG
CONVICTION					

Suspensions

01 INC NON COMPLIANCE	CONVICTION	SUSPENDED		7/31/2001
SUSPENSION				
02 PR PERMANENT REVOCATION		SUSPENDED		
03 INC NON COMPLIANCE	COURT NONCOMPLIANCE	FAILURE TO REINSTATE		
SUSPENSION				
04 S1 ADMINISTRATIVE LICENSE		FAILURE TO REINSTATE		5/28/1994
SUSPENSION/REFUSAL				
05 HB HABITUAL ALCOHOLIC		SUSPENDED		
06 S1 TWELVE POINT		FAILURE TO REINSTATE		
SUSPENSION				
07 S1 ADMINISTRATIVE LICENSE		FAILURE TO REINSTATE		
SUSPENSION/REFUSAL				
08 D1 COURT		FAILURE TO REINSTATE	OVI-ALCOHOL &/OR DRUG	7/15/1992
SUSPENSION/OVI				
09 NC NON COMPLIANCE	COURT NONCOMPLIANCE	FAILURE TO REINSTATE		8/17/1992
SUSPENSION				
10 S1 TWELVE POINT		FAILURE TO REINSTATE		
SUSPENSION				
11 D1 COURT		FAILURE TO REINSTATE	OVI-ALCOHOL &/OR DRUG	5/31/1992
SUSPENSION/OVI				
12 SR FAILURE TO FILE ACCIDENT REPORT		SUSPENDED		
SUSPENSION				
13 D1 COURT		FAILURE TO REINSTATE	OVI-ALCOHOL &/OR DRUG	1/10/1992
SUSPENSION/OVI				
14 NC NON COMPLIANCE	COURT NONCOMPLIANCE	FAILURE TO REINSTATE		1/10/1992
SUSPENSION				
15 NC NON COMPLIANCE	COURT NONCOMPLIANCE	FAILURE TO REINSTATE		2/28/1992
SUSPENSION				
16 D1 COURT		FAILURE TO REINSTATE	OVI-ALCOHOL &/OR DRUG	2/28/1992
SUSPENSION/OVI				






Other License Information

01 N6 SIX POINT WARNING	11/16/1992
02 N6 SIX POINT WARNING	8/31/1992
03 N6 SIX POINT WARNING	4/27/1992
04 N6 SIX POINT WARNING	3/23/1992

Other Photos

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Title:1999 Photo Date:	Title:1997 Photo Date:	

Access History

Schilling, Jason	Frazysburg Police Department	9/4/2007 3:07:36 PM	1
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Disclaimer

This data is provided by the OBMV and originates from their Vehicle Registration files with the exception of the photos which are cross referenced from the Driver's License files using the SSN of the owner. Information provided is for investigative purposes and may contain inaccuracies. Verify accuracy with the OBMV. The office of Attorney General of Ohio disclaims liability for any errors or omissions.

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DS.OHOHP6000.295707845
CRAIG M KIRK
2191 MELROSE AVE E
COLUMBUS, OH 43224
COUNTY: 25-FRANKLIN

DOB: 01/15/1967 AGE: 40
SSN: 295 70 7845
KEY: 011596732

** PHYSICAL DESCRIPTION **

SEX: M HGT: 5' 09" WGT: 250 HAIR: BROWN

** ANATOMICAL DONOR: NOT LISTED **

EYES: BROWN

** DRIVER LICENSE INFORMATION **

DLN: QC120619 CLASS: D ISS: 09/10/1991 EXP: 01/15/1995

STATUS: SUSPENDED

RESTRICTIONS: NONE

** TEMPORARY ID CARD INFORMATION **

IDN: RR898605 CLASS: T ISS: 06/29/2001 EXP: 01/15/2005

STATUS: EXPIRED

Handwritten notes and stamps:
Fraz PD
6010
6029
BY 6029
JAN 11 2006

CHECK VEHICLE REGISTRATION

----- SUSPENSIONS: 16 -----

01 NC NON COMPLIANCE SUSPENSION

RECORD ADDED ON: 04/11/2003 SEQ NUMBER: 045

BMV CASE: 0047363J STATUS: SUSPENDED

FROM: 04/11/2003 TO: 07/10/2003 CLASS:

COURT: 2520-FRANKLIN CO MUNI COURT TYPE: MUN CASE: 2176129

OWNER: YES RECEIVED DATE LICENSE: 10/24/2006

REASON: CONVICTION

FRA FROM: 04/11/2003 TO: 04/11/2006 OFF DATE: 07/31/2002

FEE: REQUIRED

02 PR PERMANENT REVOCATION

RECORD ADDED ON: 07/09/1994 SEQ NUMBER: 043

BMV CASE: E0000038 STATUS: SUSPENDED

FROM: 06/27/1994 TO: INDEFINITE CLASS:

COURT: 2520-FRANKLIN CO MUNI COURT TYPE: MUN CASE: 94120753

OFFENSE DATE: / /

03 NC NON COMPLIANCE SUSPENSION

RECORD ADDED ON: 07/09/1994 SEQ NUMBER: 044

BMV CASE: NA506416 STATUS: FAILURE TO REINSTATE

PLAINTIFF'S
EXHIBIT

tabbles

11 - 22

FROM: 06/27/1994 TO: 09/25/1994 CLASS:
COURT: 2520-FRANKLIN CO MUNI COURT TYPE: MUN CASE: 94120753
OWNER: NO RECEIVED DATE LICENSE: 10/24/2006
REASON: COURT NONCOMPLIANCE
FRA FROM: / / TO: / / OFF DATE: 05/28/1994
FEE: REQUIRED

04 SI ADMINISTRATIVE LICENSE SUSPENSION/REFUSAL

RECORD ADDED ON: 06/13/1994
BMV CASE: 14007976 STATUS: FAILURE TO REINSTATE
FROM: 05/28/1994 TO: 05/27/1996 CLASS:
COUNTY: 25-FRANKLIN OFFENSE DATE: 05/28/1994
FEE: REQUIRED
HAZARDOUS MATERIAL: NO COMMERCIAL VEHICLE: NO
COURT: 2520-FRANKLIN CO MUNI COURT TYPE: MUN
POI: REQUIRED

05 HB HABITUAL ALCOHOLIC

RECORD ADDED ON: 02/11/1993 SEQ NUMBER: 039
BMV CASE: H18928 STATUS: SUSPENDED
FROM: 02/01/1993 TO: INDEFINITE CLASS:

06 SI TWELVE POINT SUSPENSION

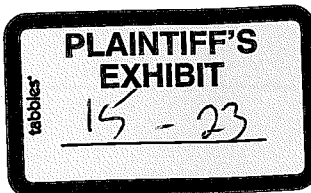
RECORD ADDED ON: 12/22/1992 SEQ NUMBER: 036
BMV CASE: P9228540 STATUS: FAILURE TO REINSTATE
FROM: 12/22/1992 TO: 12/22/1992 CLASS:
ACTION DATE: 12/02/1992
FRA FROM: 12/22/1992 TO: 12/22/1995
REMEDIAL: REQUIRED EXAM: REQUIRED

07 SI ADMINISTRATIVE LICENSE SUSPENSION/REFUSAL

RECORD ADDED ON: 09/16/1992 SEQ NUMBER: 030
BMV CASE: I1027858 STATUS: FAILURE TO REINSTATE
FROM: 09/15/1992 TO: 09/15/1993 CLASS:
COUNTY: -UNKNOWN OFFENSE DATE: 07/19/1992
FEE: REQUIRED
HAZARDOUS MATERIAL: UNKNOWN COMMERCIAL VEHICLE: UNKNOWN
COURT: 9900-BUREAU MOTOR VEHICLES TYPE: ADM
POI: REQUIRED

08 DI COURT SUSPENSION/OVI

RECORD ADDED ON: 08/26/1992 SEQ NUMBER: 023
BMV CASE: X0157294 STATUS: FAILURE TO REINSTATE
FROM: 08/17/1992 TO: 08/18/1993 CLASS:
COURT: 2520-FRANKLIN CO MUNI COURT TYPE: MUN CASE: 92132586
OFF: OVI-ALCOHOL &/OR DRUG OFFENSE DATE: 07/19/1992



FEE: REQUIRED

POI: REQUIRED

09 NC NON COMPLIANCE SUSPENSION

RECORD ADDED ON: 09/08/1992

SEQ NUMBER: 029

BMV CASE: N2022202 STATUS: FAILURE TO REINSTATE

FROM: 08/17/1992 TO: 11/15/1992 CLASS:

COURT: 2520-FRANKLIN CO MUNI COURT TYPE: MUN CASE: 92132586

OWNER: RECEIVED DATE LICENSE: 10/24/2006

REASON: COURT NONCOMPLIANCE

FRA FROM: 08/17/1992 TO: 08/17/1995 TELEPHONE OFF DATE: 08/17/1992

FEE: REQUIRED

10 S1 TWELVE POINT SUSPENSION

RECORD ADDED ON: 06/02/1992

BMV CASE: P9212060 STATUS: FAILURE TO REINSTATE

FROM: 06/02/1992 TO: 06/02/1992 CLASS:

ACTION DATE: 05/13/1992

FRA FROM: 06/02/1992 TO: 06/02/1995

REMEDIAL: REQUIRED EXAM: REQUIRED

11 D1 COURT SUSPENSION/OVI

RECORD ADDED ON: 11/14/1992

SEQ NUMBER: 033

BMV CASE: X0157295 STATUS: FAILURE TO REINSTATE

FROM: 05/31/1992 TO: 06/01/2002 CLASS:

COURT: 2520-FRANKLIN CO MUNI COURT TYPE: MUN CASE: 92124043

OFF: OVI-ALCOHOL &/OR DRUG OFFENSE DATE: 05/31/1992

FEE: REQUIRED

POI: REQUIRED

12 SR FAILURE TO FILE ACCIDENT REPORT SUSPENSION

RECORD ADDED ON: 05/16/1992

SEQ NUMBER: 019

BMV CASE: A2090038 STATUS: SUSPENDED

FROM: 05/15/1992 TO: INDEFINITE CLASS:

13 D1 COURT SUSPENSION/OVI

RECORD ADDED ON: 04/23/1992

SEQ NUMBER: 011

BMV CASE: X0157293 STATUS: FAILURE TO REINSTATE

FROM: 04/06/1992 TO: 04/06/1995 CLASS:

COURT: 2520-FRANKLIN CO MUNI COURT TYPE: MUN CASE: 92100841

OFF: OVI-ALCOHOL &/OR DRUG OFFENSE DATE: 01/10/1992

FEE: REQUIRED

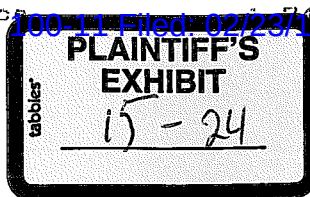
POI: REQUIRED

14 NC NON COMPLIANCE SUSPENSION

RECORD ADDED ON: 04/23/1992

SEQ NUMBER: 015

BMV CASE: N2503221 STATUS: FAILURE TO REINSTATE



FROM: 04/08/1992 TO: 07/07/1992 CLASS:
COURT: 2520-FRANKLIN CO MUNI COURT TYPE: MUN CASE: 92100841
OWNER: RECEIVED DATE LICENSE: 10/24/2006
REASON: COURT NONCOMPLIANCE
FRA FROM: 04/08/1992 TO: 04/08/1995 OFF DATE: 01/12/1992
FEE: REQUIRED

15 NC NON COMPLIANCE SUSPENSION

RECORD ADDED ON: 03/19/1992 SEQ NUMBER: 008
BMV CASE: M2502170 STATUS: FAILURE TO REINSTATE
FROM: 03/10/1992 TO: 06/09/1992 CLASS:
COURT: 2520-FRANKLIN CO MUNI COURT TYPE: MUN CASE: 92108765
OWNER: RECEIVED DATE LICENSE: 10/24/2006
REASON: COURT NONCOMPLIANCE
FRA FROM: 03/10/1992 TO: 03/10/1995
FEE: REQUIRED

16 D1 COURT SUSPENSION/OVI

RECORD ADDED ON: 03/19/1992
BMV CASE: X0157292 STATUS: FAILURE TO REINSTATE
FROM: / / TO: / / CLASS:
COURT: 2520-FRANKLIN CO MUNI COURT TYPE: MUN CASE: 92108765
OFF: OVI-ALCOHOL &/OR DRUG OFFENSE DATE: 02/28/1992
FEE: REQUIRED
POI: REQUIRED

----- CONVICTIONS: 5 -----

01 C1 IN-STATE CONVICTION

RECORD ADDED ON: 03/07/2003 SEQ NUMBER: 033
OFF: NO DRIVER LICENSE BATCH NUMBER: 030603
CONVICTION DATE: 02/26/2003 OFFENSE DATE: 07/31/2002
COURT: 2520-FRANKLIN CO MUNI COURT TYPE: MUN CASE: 2176129
PLEA: NOT AVAILABLE SENTENCE: NO POINTS POINTS: 00
HAZARDOUS MATERIAL: NO
PLATE NUMBER: BN19TN

02 C1 IN-STATE CONVICTION

RECORD ADDED ON: 11/14/1992 SEQ NUMBER: 032
OFF: OVI-ALCOHOL &/OR DRUG BATCH NUMBER: 662592
CONVICTION DATE: 10/16/1992 OFFENSE DATE: 05/31/1992
COURT: 2520-FRANKLIN CO MUNI COURT TYPE: MUN CASE: 92124043
PLEA: NOT GUILTY SENTENCE: CONVICTION POINTS: 06
HAZARDOUS MATERIAL: UNKNOWN

03 C1 IN-STATE CONVICTION

**PLAINTIFF'S
EXHIBIT**

tabbies

15-25

RECORD ADDED ON: 08/26/1992 SEQ NUMBER: 023
OFF: OVI-ALCOHOL &/OR DRUG BATCH NUMBER: 062392
CONVICTION DATE: 08/17/1992 OFFENSE DATE: 07/19/1992
COURT: 2520-FRANKLIN CO MUNI COURT TYPE: MUN CASE: 92132866
PLEA: NOT GUILTY SENTENCE: CONVICTION POINTS: 06
HAZARDOUS MATERIAL: UNKNOWN
PLATE NUMBER: C80895

04 C1 IN-STATE CONVICTION

RECORD ADDED ON: 04/23/1992 SEQ NUMBER: 011
OFF: OVI-ALCOHOL &/OR DRUG BATCH NUMBER: 041992
CONVICTION DATE: 04/06/1992 OFFENSE DATE: 01/10/1992
COURT: 2520-FRANKLIN CO MUNI COURT TYPE: MUN CASE: 92107841
PLEA: NOT GUILTY SENTENCE: CONVICTION POINTS: 06
HAZARDOUS MATERIAL: UNKNOWN
PLATE NUMBER: C21418

05 C1 IN-STATE CONVICTION

RECORD ADDED ON: 03/19/1992 SEQ NUMBER: 005
OFF: OVI-ALCOHOL &/OR DRUG BATCH NUMBER: 031592
CONVICTION DATE: 03/10/1992 OFFENSE DATE: 02/26/1992
COURT: 2520-FRANKLIN CO MUNI COURT TYPE: MUN CASE: 92108765
PLEA: NOT GUILTY SENTENCE: CONVICTION POINTS: 06
HAZARDOUS MATERIAL: UNKNOWN
PLATE NUMBER: EML 04

RELEASED TO: Free PD
COURT FILE NO.
Date SEP 07 1997
6028

----- INFORMATION: 4 -----

01 N6 SIX POINT WARNING

RECORD ADDED ON: 11/16/1992 SEQ NUMBER: 035
6 POINTS WARNING MAILING DATE: 11/25/1992 MICROFILM NUMBER: A40806

02 N6 SIX POINT WARNING

RECORD ADDED ON: 08/31/1992 SEQ NUMBER: 026
6 POINTS WARNING MAILING DATE: 09/09/1992 MICROFILM NUMBER: A01420

03 N6 SIX POINT WARNING

RECORD ADDED ON: 04/27/1992 SEQ NUMBER: 017
6 POINTS WARNING MAILING DATE: 05/06/1992 MICROFILM NUMBER: E36502

04 N6 SIX POINT WARNING

RECORD ADDED ON: 03/23/1992 SEQ NUMBER: 010
6 POINTS WARNING MAILING DATE: 04/01/1992 MICROFILM NUMBER: Z18190

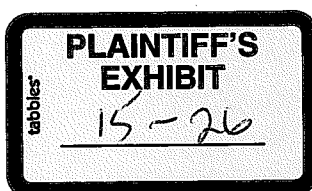
END

UNLESS OTHERWISE NOTED, THIS LEADS THROUGHOUT IS EXEMPT FROM PUBLIC RECORDS.
REQUESTS PER ORC:149.43 AND OAC:4501:2-10-06.

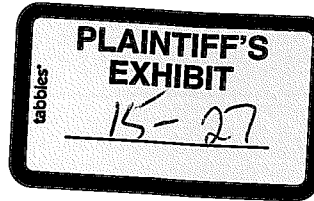
MRI: 4279100

IN: OHBMV0000 #15093 AT 01SEP2007 02:03:37
OUT: OHCHF5000 #72 AT 01SEP2007 02:03:37

RELEASED TO
COUNTY, SOLD 5002 1020 0010
Date SEP 01 2007 BY 6029
P.S.H.P. ZANESVILLE



STATE OF OHIO
HP-706
10-0277-00
OHP 0277
Rev. 11/02/01



DEPARTMENT OF PUBLIC SAFETY

Report No. 07-0319-09

Ohio State Highway Patrol
Constitutional Rights Waiver

YOUR CONSTITUTIONAL RIGHTS

Place OSHP-ZAREVILLE
Date 07-01-09
Time 2:01 AM

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can and will be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions, and to have the lawyer present with you during questioning.

If you are unable to pay a lawyer, one will be appointed for you prior to any questioning, if you so desire.

If you wish to answer questions now without a lawyer present, you have the right to stop answering questions at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER

I have read the statement of my rights shown above. I understand what my rights are. I am willing to answer questions and make a statement. I do not want a lawyer at this time. I understand and know what I am doing. No promise or threats have been made to me and no pressure or coercion of any kind has been used against me.

Signed X REFUSED

Witness X OFFICER #8

Witness X 7 APR 11 2009

Time 0220 / 9/1/2009

Education _____

Other _____

VEHICLE IMPOUNDMENT RECORD

MAKE	MODEL	COLOR	NO. OF CYLINDERS
FORD	ESCORT	SILVER	4
YEAR	MILEAGE	LICENSE NO. (City, State)	HORSEPOWER OR CUBIC INCH DISPLACEMENT
1992	17412	BN197N OHIO	
SERIAL NO.	FUEL	VIN NO.	NO. OF AXLES
	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel	1FADP15J0NWL39458	2
TYPE OF VEHICLE	<input type="checkbox"/> Ambulance <input type="checkbox"/> Truck	<input type="checkbox"/> Tender <input type="checkbox"/> Trailer	<input type="checkbox"/> Motorcycle <input type="checkbox"/> PV
<input checked="" type="checkbox"/> Passenger Vehicle		<input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Bus	NO. OF WHEELS
			4
BODY STYLE	<input type="checkbox"/> Coupe <input type="checkbox"/> 2-Door Hardtop <input checked="" type="checkbox"/> 4-Door Hardtop	<input type="checkbox"/> Hatch <input type="checkbox"/> Convertible	<input type="checkbox"/> Panel <input type="checkbox"/> Van <input type="checkbox"/> Stake <input type="checkbox"/> Flatbed
	<input type="checkbox"/> Slazer Wagon <input type="checkbox"/> Sedan <input type="checkbox"/> 4-Door Hardtop	<input type="checkbox"/> Carryal <input type="checkbox"/> Camper	BUS (Passenger capacity) TRUCK (Mfg. Payload capacity)

PHONE NO

CHAS KIRK. COLONIC.

PHONE NO.

REGISTERED OWNER (Address, Number, Street, City, State)

JEANETTE KIRK. — REACH 200

PHONE NO. _____

NAME & ADDRESS OF LIENHOLDERS (if applicable)

1279 CHESTNUT ST.
CINCINNATI, OH IO

PLAINTIFF'S EXHIBIT

15-28

REASON FOR IMPOUNDMENT

REASON FOR HIM/HERS/OUR/OURS
 ACCIDENT ☐ DUI ☒ STOLEN ☐ ABANDONED ☐ FELONIOUS USE ☐ NO OFF LIC. ☒ BURNED ☐
 OTHER THAN ABOVE _____

NAME OF ARRESTED PERSON ☐ INJURED ☐ OTHER ☒ CRAIG M. KIRK REPORT NO. 03-0314-01

EXACT LOCATION WHERE VEHICLE PICKED UP 3RD ST @ Williamsburg St NAME OF TOW-IN SERVICE R. TOWNS

TOW-IN SERVICE REQUESTED BY NAME OF TOW-IN SERVICE
 DATE OF IMPOUNDMENT 8/1/07 TIME 6:15P TOWED OR DRIVEN BY NAME & TITLE OF IMPOUNDING OFFICER

INVENTORY AND CONDITION OF VEHICLE WHEN IMPOUNDED

DOORS AND TRUNK: LOCKED ☐ UNLOCKED ☒ KEYS IN CAR ☒ KEYS IN PROPERTY ROOM ☐ OTHER ☐

(USE CONDITION SYMBOL 1-FOR EXCELLENT - 2-GOOD - 3-FAIR - 4-POOR - 5-CONSTRUCTIVE TOTAL)

DAMAGED		CONDITION		DAMAGED		CONDITION	
FRONT END							
LF 1/2						SPARE TIRE	
LF DOOR						LR TIRE	
LR DOOR						RR TIRE	
LR 1/2						RF TIRE	
REAR END						LF TIRE	
RF 1/2						CLASS	
RF DOOR						C.B. RADIO	
RR DOOR						C.B. ANTENNA	
RR 1/2							
HOOD							
TOP							
REAR LID							

REMARKS	MISC. TRASH. BABY SEAT, TOOL KIT. (LEFT IN VEHICLE)
---------	---

(USE SUPPLEMENTARY REPORT FOR ANY DETAILS NOT LISTED ON THIS PAGE)

DESCRIBE ANY PERSONAL PROPERTY LEFT IN VEHICLE

REPORT MADE BY off/ptk 8 DATE 8/1/08 TIME 11:00

REPORT MADE BY afp/vh 0 DATE 7/1 TIME 1:10

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT'S CONDITION TO BE AS INDICATED ABOVE

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT IS OAKLAND REGISTERED

SIGNED: James Smith DATE _____ TIME 1:20 PM